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ABSTRACT

This article discusses the problems and potential solutions surrounding foster care and adoption of handicapped children, with special focus on the situation in Virginia. The growing number of children with multiple handicaps entering foster care is cited, along with the challenge of finding foster parents for them. Social workers are advised to consider three factors in locating foster parents: recruitment, training, and remuneration. Some children in foster care become available for adoption, and efforts to recruit adoptive homes are described. Four handicapped children are featured as examples of children needing placement. "Spotlights" present information about several families who have adopted or provide foster care for handicapped children. (JDD)

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FOSTER CARE AND ADOPTION OF HANDICAPPED CHILDREN

Recently there has been a great deal of concern for the handicapped child who is in need of temporary or permanent placement. This concern has led to an adoption assistance program funded by state and federal funds. The four children featured in this issue are examples of handicapped children needing placement. This article examines the problems and potential solutions surrounding placement of handicapped children.

FOSTER CARE

Handicapped children are entering foster care every day. In fact, in Virginia at the end of June 1985, 1,287 or 21 percent of the 6,101 children in foster care were handicapped.

Children enter foster care for a variety of reasons. This is also true for handicapped children. While some enter because of abuse and neglect, others enter because they need special services, or because their parents request that the state assume custody. However, there are a growing number of children entering foster care in a category unique to the handicapped. "We are seeing an alarming number of infants who have been in neonatal intensive care with a multitude of serious medical needs," says Kitti Kestner, Director of Northern Virginia Special Foster Care Program. "As a matter of fact, our last twelve referrals fell into this category. These are children who may have a tracheotomy, a cholostomy, a shunt for hydrocephalus, suffer from sleep apnea, or may need tube feedings, just to name a few of the problems! Their parents are overwhelmed and unable to care for the child, or the parents are so young that they cannot possibly manage the kind of responsibility these children entail. These children need very specialized care even after release. Some may even need 24-hour skilled nursing care."

"About 25 percent of these children will outgrow the problems, although their development will not be normal," Kestner continues. "Approximately half of these children will have serious developmental delays. The remaining 25 percent will have severe and limiting physical and mental handicaps. We find ourselves looking for foster parents with very specialized skills to take care of such children."

Everyone agrees that it takes a special person to be a foster parent. To foster parent a handicapped child takes an exceptional person. Handicapped children require a tremendous amount of time and energy. There can be continued medical needs, or extra caretaking needs because, for example, a child is so unable to control muscle activity that he or she has to be fed. Along with its many rewards, foster parenting a handicapped child takes an emotional and physical toll.

Since it is preferable from a financial as well as emotional standpoint to place children in homes rather than institutions, it appears that social workers are challenged when placing handicapped children. In order to best meet the challenge of finding exceptional foster parents, social workers need to consider three things: recruitment, training and remuneration.

Recruitment

Finding qualified foster homes for *any* foster child is becoming more and more difficult. First, the complexion of the American family has changed. In her testimony before the State Board of Social Services and again in an interview with VCPN, Nancy Abell, Foster Home Finder for the Loudoun County Department of Social Services, voiced her concern.

"The traditional foster family is fast disappearing in Virginia just as the traditional family itself is disappearing," she laments. "As more families are coping with divorce, working mothers and tightened budgets, there are fewer and fewer families who are willing or able to extend themselves to troubled children. In fact, only 15 percent of U.S. households now describe themselves as a two-parent household with the father working and the mother at home. If this traditional family

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Chandra is a ten-year-old girl who has large, brown, expressive eyes and a bright smile. Chandra responds to attention and affection. She is multi-handicapped and has a visual impairment. This does not stop Chandra from smiling and responding with short sentences. She is able to feed herself and has other self help skills. Chandra is dependent on others for most of her needs and has a bright smile to return.

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Foster Care and Adoption of Handicapped Children

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is the one most likely to choose foster parenting, we have a frighteningly small spectrum of households from which to choose."

"Nationally, only six percent of the families who inquire about foster parenting actually follow through to the point of getting a child," Abell adds. "Even the most successful regional recruitment drive in Virginia, using a public service announcement featuring Governor Robb, had only a 15 percent success rate."

Secondly, the complexion of the foster child has changed. "I have been with social services on and off since the 60s," says Sonja Bible, Director of Harrisonburg's Department of Social Services." Therefore, I can compare foster children then and foster children now. There were many more foster children in placement in the 60s than now. However, the children in care now have much more severe problems." Abell reiterates this point. "All the children seem to have special needs right now, there is merely a variation in the amount."

While most agencies do their own foster parent recruitment for a majority of the children needing placement, many purchase recruitment services from private agencies for placing children with special needs. One of these agencies in Virginia is the Northern Virginia Special Foster Care Program.

"We recruit homes for five counties and several incorporated cities in Northern Virginia," Kestner explains. "We not only recruit foster homes but also respite care homes for foster families. We believe that foster families must have at least one weekend a month when they are free from the responsibilities of their handicapped foster child."

This agency, like others, uses traditional means for recruitment: public service announcements in newspapers and on television and radio; brochures and pamphlets left in strategic places. "Our richest source for recruitment, however, is the foster families themselves. Word of mouth seems to be an important recruitment tool," says Kestner.

What kind of person wants to foster parent a handicapped child? "Well," says Abell, "sometimes it is a person who has had a family member with a handicapping condition. However, frequently it is a person just like you or me who just has something to give, and sees the rewards and challenges in caring for a handicapped child."

Training

Once potential foster families are found, one might assume that the state would train them for this difficult task. Families need to have a realistic picture of the amount of time and energy they will be expending, and must have a realistic idea of what it is like to have a handicapped child in the home.

The assumption, however, may not be valid.

In 1985 the General Assembly requested that a task force be established to look at the area of foster care in Virginia. The panel randomly chose several workers and looked at the homes they served. The task force, headed by Linda Booth, Functional Analysis Manager involved in various special projects for the Division of Service Programs, Virginia Department of Social Services, investigated several issues and wrote a report for the General Assembly. One of the issues concerned training for foster parents. A survey showed that only 31 percent of the agencies required preservice training and only 18 percent offered inservice training. Abell, a task force member comments, "Recruitment without training is an inefficient and tragic waste of human resources. We can no longer afford it."

In the report to the General Assembly, there is a recommendation for training for both local agencies and foster parents. There is also a monetary request for $350,000/year for three years to train local agency staff and $620,000/year for local staff to train foster parents.

In Kestner's agency, training is required for anyone considering foster care of the handicapped as well as anyone who would like to be a respite care provider. The training program has six structured sessions consisting of the following training topics:

1) An overview of the program, including a realistic definition of foster care and an explanation of the need for preservice preparation;
2) A discussion of foster care for children with special needs, explaining the roles of all the professionals involved with these children, the biological family, the role of the respite care provider and the goals of the program;
3) A discussion of the impact of placement on the child, covering the feelings of the child about rejection, separation and loss, the grief process in general, as well as behaviors which may occur;
4) A candid discussion of the impact of a foster child on the family, especially the other children, with dialogue about family rules, and how these rules are communicated to new members, as well as how family members express emotions;
5) An overview of the expectations of a foster parent in regard to handling the foster children including a discussion about discipline, child abuse and neglect and how families can serve as an advocate for the child especially in relation to the school system; and
6) A meeting in the home of a foster parent with a handicapped child, which is primarily a question and answer period aimed at making a contribution to a realistic view of having a handicapped child in the home.

In addition to the above training sessions, there is one meeting within the six-week period that is held at a local public school which serves multiply handicapped children. This gives families a view of the range of disabilities and the developmental levels one can expect. And, of course, if foster parents complete the required training without being screened out, they must be trained in the specific needs of the handicapped child which has been assigned to the family through mutual agreement.

Karen is a six year old white child who, according to her foster mother, is a joy to parent. Karen is blind but sees shadows and objects. She is dependent on her foster family for many things but can do some things on her own. She can feed herself with assistance and can take off various pieces of clothing. Karen is multi-handicapped and is learning new skills to help her be more independent. Karen has only partial hearing. Karen loves music and gets around the house by touch. Karen needs a family who can give her a lot of affection and attention. She needs a family who can help her reach her potential.

Remuneration

In Virginia, all foster parents receive a minimum allowance to reimburse the family for the costs of care. Foster parents receive no payment for their time. This monthly rate is mandated by the state, and is as follows: for age 0-4—$147; age 5-12—$186; age 13 and above—$235.

Clearly, handicapped children require a great deal of time and energy. In many cases, these children require a standard of skilled care, such as skilled nursing care, that other foster children do not. In Virginia there is a mechanism for making special needs payments through the use of Title XX funds but not all agencies choose to use it. Why? "We aren't exactly sure," says Beverly Buran, Supervisor in the Bureau for Child Welfare Services overseeing foster care and adoption services.

One of the recommendations of the Foster Care Task Force investigating foster care issues concerned special needs payments to people foster parenting handicapped children. Abell was a member of the task force and makes the following comments: "Our committee recommended that the state establish

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standardized, annually adjusted, special needs payments based on levels of care, to be paid from Title XX or maintenance funds. We suggested that guidelines be put in the manual to help workers determine a child's level of need and to encourage use of special needs payments. Standardized rates would ensure that handicapped children would receive appropriate services and payments where ever they live. When the state went to a standardized maintenance rate structure several years ago it was to eliminate the inequalities among the localities and to give foster children and foster parents throughout the Commonwealth the same support. Handicapped children and their parents deserve the same opportunity."

While the task force report does not reiterate this issue as directly as was recommended, it does state that "the Department should assess the reasons that there is low usage of specialized foster care. The Department should then develop and implement a plan to increase the use of specialized foster care" (Foster Care Study, p. 20).

According to Buran, however, special needs payments should not be confused with the responsibility of the department to serve the child. Medicaid, of course, is available for medical needs. "Medicaid does not cover everything the child may need, however," Buran explains. "For instance, Medicaid will cover medical services but not always cover equipment that a child may need. When a child needs special equipment or services that go beyond Medicaid, it is the responsibility of the agency to find the funds for these needs."

Unfortunately, it is often up to the foster parent to advocate for the child's needs. "It's unfortunate but true that parents frequently need to ask," says Abell. "It's not because social workers are trying to hold back or because they don't care. Rather, it's because social workers have large case loads of difficult children, many of whom have special needs. Therefore, they don't always anticipate the children's needs. I believe that the standardized payment for special need care would eliminate this problem."

All of the above issues—recruitment, training and remuneration—lead to the more critical topic of retention. According to Kestner, her agency is having a difficult time keeping foster homes. "They will see through their commitment to a foster child, and they will do their job well. But they tend to burn out. And, often they don't return."

ADOPTION

Foster care is designed as a temporary solution to a family's inability to care for a child. "Permanency planning has recently been introduced as a philosophy, a policy and a technique. It is designed to return every child who enters care to the stability of a family —his/her own biological family, an adoptive family, or, if need be, a permanent foster home—as quickly as possible" (Fein and Maluccio, 1984). (See spring, 1984, issue of VCPN for more information on permanency planning.)

Sometimes handicapped children cannot be returned to their biological family. Their parents don't want the responsibility or are incapable of accepting it. In these cases, parental rights are terminated and children are placed in the pool of children who are available for adoption.

Recruitment of Adoptive Homes

For those people wanting to adopt children, there is often the desire to have a healthy, happy infant. Handicapped children do not fit the picture. Not only are they "imperfect" in physical or mental abilities, but, in many cases, they are not infants. Therefore, finding adoptive parents can be very difficult. Agencies may need to make an extra effort.

Virginia recognizes this problem and has taken action. In an information bulletin distributed to many divisions and agencies within the Commonwealth's Department of Social Services, it is stated that there are "more than 300 children in Virginia's foster care system are without families in which they have a permanent place. A large number of the children are black, some have developmental disabilities, and many have been waiting for permanent families for years. All have had parental rights terminated and are currently waiting for adoptive placement."

In an effort to attack this problem, the Department has been awarded $125,000 from the U.S. Department of Health and Human Services, and $60,000 from the Virginia Department of Mental Health and Mental Retardation. The focus of program activities will be adoption efforts for black and developmentally disabled children. (The following discussion addresses only the developmentally delayed. VCPN plans to address the needs of minority children in its next issue.)

The person within the State Department of Social Services who is responsible for the implementation of this program is Brenda Kerr, Child Welfare Supervisor, Bureau of Child Welfare Services. She explains the program for the developmentally disabled.

"The funds from the Department of Mental Health and Mental Retardation are specifically targeted for activities to increase adoption opportunities for children with moderate to severe developmental disabilities. There are approximately 27 children presently registered with the State Adoption Exchange that have moderate to severe developmental disabilities. Our goal is to place 14 of the 27 children in adoptive homes by July, 1986."

The department has contracted with the United Methodist Family Services Inc. of Richmond, Va., to provide adoption services to this target population. In addition, the department will award incentive monies to local organizations for programs geared toward recruitment of adoptive families for developmentally disabled children.

Sharon Richardson, Project Coordinator with United Methodist Family Services Inc., explains their activities under the grant from the Department of Social Services. "We have two major activities to perform," she says. "We are recruiting and providing home studies for families who will adopt developmentally delayed children, and we are developing a comprehensive resource directory of services available to families adopting developmentally delayed children."

Richardson believes that, in the case of developmentally disabled children, recruitment must be child specific and as humanizing as possible. "We intend to develop a directory containing photographs and biographical sketches of each child. Our recruitment efforts will be the presentation of a child on a poster, or a couple of children in newspaper advertisements. We want people to understand that these are real children with real names and real faces."

There are plans to recruit through an educational approach, too. "We want to educate people across the state about developmental disabilities, what they are and what needs developmentally disabled children have," Richardson explains.

Once prospective adoptive homes have been identified, they may begin the home study process. "The home study will be a group process with six meetings. It will be educational in nature, explaining what developmental disabilities are, discussing specific children, doing some values clarification activities, and discussing available services. This is designed as a screening tool as well as a training tool," Richardson summarizes. "At the end, we will conduct home visits with those people who are still interested."

The major recruitment began in November in conjunction with the recruitment for families to adopt black children. Richardson hopes to have the first informational session in January, 1986, with a second group beginning in the spring.

The second activity, the resource directory, is well under way. "It is designed to be a 'hands on' booklet," Richardson explains. "It will contain both state and national resources, with information that will be stable over time. It should serve as a valuable tool."

Training

In addition to the recruitment component which has been contracted to United Methodist Family Services, there is a training component. Kerr explains, "Georgetown University's Child Development Center has also received federal discretionary funds from the U.S. Department of Health and Human Services. Their funds have been earmarked for training for professionals serving adoptive and potentially adoptive families of special needs children. The service will provide specialty training in developmental disabilities and handicapping conditions to enable professionals to enhance their knowledge and skills in the area of facilitating placement services. An important objective of this training

is to develop a collaborative model between child welfare agencies and other service delivery systems to extend the scope and range of supportive services to families adopting special needs children."

Two staff members at Georgetown's Child Development Center are responsible for this project: Nancy Striffler, Director of Training, and Virginia Lapham, Director of Social Work. "Our project is funded for 17 months, from July, 1985, through November, 1986," Striffler states.

"The primary objective of the program is to train professionals—social work, school, and public as well as private mental health agency personnel—in a variety of topics that will enable them to provide needed support services to adoptive families of special needs children," Lapham adds.

Training is organized around a core of concepts that provide the framework for assessing the needs of children and families, understanding the impact of handicapping conditions upon family functioning and designing and implementing services to promote healthy coping strategies. Specific topics include:

- Overview of Developmental Disabilities
- Family Issues in Parenting the Handicapped Child
- Developing the Child's Profile
- Mental Retardation
- Down's Syndrome
- Fetal Alcohol Syndrome
- Spina Bifida
- Cerebral Palsy
- Learning Disabilities
- Attention Deficit Disorders
- Autism
- Genetic Counseling
- Psychosocial Development
- Accessing Resources
- Agency Collaboration

The training program consists of 36 training hours. The initial phase consisting of 24 training hours, is offered over an eight-week period. Each of these sessions includes didactic material, case presentations and clinical application. This formalized training will be followed by four, three-hour consultative conferences with the training participants and the training staff. "The purpose of these collaborative conferences is to enable the trainees to integrate theoretical knowledge into their clinical casework," Striffler explains.

How will personnel be recruited? Striffler answers, "We are primarily recruiting through the directors of agencies. The primary focus is towards public agencies, with plans to fill in spaces with private agency staff."

All of the services offered under this adoption assistance program—recruitment of adoptive homes, development of a resource directory, and training for professionals—are relatively new. Therefore, it is too soon to report on their effectiveness in meeting their goals. However, the focus of the program is essential to the well being of a special population of children in the state. VCPN congratulates everyone involved whether it be professionals or adoptive parents. We will follow the progress and report again at a later date.

REFERENCES FURNISHED UPON REQUEST.

Interested?

... in more information about adoption of handicapped children? If so, call your local Department of Social Services, or call the State Adoption Exchange at 1-804-281-9149. Pictures and descriptions of children in this issue were provided by Sharon Richardson of United Methodist Family Services, Inc.